

FORM B1						United States Bankruptcy Court District of <u>PUERTO RICO</u>							Voluntary Petition			
Name of Debtor (if individual, enter Last, First, Middle): RAUL MARTINEZ SANCHEZ								Name of Joint Debtor (Spouse)(Last, First, Middle): SHADI DUCHESNE JIMENEZ								
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): NONE								All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names): NONE								
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all) 2402								Last four digits of Soc. Sec. No./Compete EIN or other Tax I.D. No. (if more than one, state all) 8613								
Street Address of Debtor (No. & Street, City, State & Zip Code): 26 LOMAS DEL MAR VEGA ALTA PR 00692								Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 26 LOMAS DEL MAR VEGA ALTA PR 00692								
County of Residence or of the Principal Place of Business:								County of Residence or of the Principal Place of Business:								
Mailing Address of Debtor (if different from street address): SAME								Mailing Address of Joint Debtor (if different from street address): SAME								
Location of Principal Assets of Business Debtor (If different from street address above): NOT APPLICABLE																
Information Regarding the Debtor (Check the Applicable Boxes)																
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank								Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding								
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business								Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.								
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.											THIS SPACE IS FOR COURT USE ONLY					
Estimated Number of Creditors 1-15 16-49 50-99 100-199 200-999 1000-over <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
Estimated Assets \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																
Estimated Debts \$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million More than \$100 million <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																

(Official Form 1) (12/03) West Group, Rochester, NY

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

**RAUL MARTINEZ SANCHEZ and
SHADI DUCHESNE JIMENEZ****Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location Where Filed:

SAN JUAN, PR

Case Number:

03-01313E

Date Filed:

02/12/2003**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)**

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ RAUL MARTINEZ SANCHEZ

Signature of Debtor

X /s/ SHADI DUCHESNE JIMENEZ

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

10/7/2005

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X /s/ RODOLFO HERNANDEZ RAMOS 10/7/2005

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health and safety?

☐ Yes, and exhibit C is attached and made a part of this petition.
☒ No**Signature of Attorney****X /s/ RODOLFO HERNANDEZ RAMOS**

Signature of Attorney for Debtor(s)

RODOLFO HERNANDEZ RAMOS USDC PR 118012

Printed Name of Attorney for Debtor(s)

RODOLFO HERNANDEZ RAMOS

Firm Name

P O BOX 193997

Address

SAN JUAN PR 00919 0918**787-764-646**

Telephone Number

10/7/2005

Date

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re **RAUL MARTINEZ SANCHEZ**
and
SHADI DUCHESNE JIMENEZ

Case No.
Chapter 13

_____/ Debtor
Attorney for Debtor: **RODOLFO HERNANDEZ RAMOS**

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ 1,500.00
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 500.00
 - c) The unpaid balance due and payable is \$ 1,000.00
3. \$ 194.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: 10/7/2005

Respectfully submitted,

X /s/ RODOLFO HERNANDEZ RAMOS
Attorney for Petitioner: **RODOLFO HERNANDEZ RAMOS**
RODOLFO HERNANDEZ RAMOS
P O BOX 193997
SAN JUAN PR 00919 0918

Case No. _____
(if known)

SCHEDULE D-CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column marked "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including Zip Code	C o d e b t o r	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, if any
Account No: 519117688000	J	H--Husband W--Wife J--Joint C--Community				\$ 16,695.00	\$ 7,695.00
Creditor # : 1 FIRST FEDERAL SAVINGS BANK 12 EAST BROAD ST HAZELTON PA 18201-6591		Auto Loan PT CRUISER 2001					
		Value: \$ 9,000.00					
Account No: 50024894	J					\$ 144,000.00	\$ 0.00
Creditor # : 2 HF MORTGAGE PO BOX 13988 San Juan PR 00936		Mortgage HOUSE LOCATED:11 LOMAS DEL MAR VEGA ALTA, PR					
		Value: \$ 185,000.00					
Account No: 5120663462	J					\$ 21,000.00	\$ 21,000.00
Creditor # : 3 RESORT USA INC PO BOX 7879 PLAULA PA 19101-7879		Mortgage					
		Value: \$ 0.00					
Account No:							
		Value:					

No continuation sheets attached

Subtotal \$ (Total of this page)	181,695.00
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Total \$	181,695.00
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(Use only on last page. Report total also on Summary of Schedules)

In re RAUL MARTINEZ SANCHEZ and SHADI DUCHESNE JIMENEZ / DebtorCase No. _____
(if known)**SCHEDULE E-CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name and mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance or Support**

Claims of a spouse, former spouse, or child of the debtor, for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, custom duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

FORM B6F (12/03) West Group, Rochester, NY

In re RAUL MARTINEZ SANCHEZ and SHADI DUCHESNE JIMENEZ / DebtorCase No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.		C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
		H--Husband W--Wife J--Joint C--Community					
Account No: Creditor # : 1 ASSOCIATES FINANCE PO BOX 782 OWINGS MILL MD 21117-0781	J						\$ 12,704.89
Account No: 4121741609028498 Creditor # : 2 CAPITAL ONE PO BOX 85184 RICHMOND VA 23285-5184	J		Credit Card Purchases				\$ 646.47
Account No: 4305722113956943 Creditor # : 3 CAPITAL ONE PO BOX 85184 RICHMOND VA 23285-5184	J		Credit Card Purchases				\$ 7,944.91
Account No: 5897181101019498 Creditor # : 4 CITI FINANCIAL P O BOX 9018 DES MOINES IA 50368-9018	J		Credit Card Purchases				\$ 12,379.02

2 continuation sheets attached

Subtotal \$ (Total of this page)	33,675.29
Total \$ (Report total also on Summary of Schedules)	

FORM B6F (12/03) West Group, Rochester, NY

In re RAUL MARTINEZ SANCHEZ and SHADI DUCHESNE JIMENEZ / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: <u>673802670500165</u> Creditor # : 5 CITI FINANCIAL P O BOX 261 DANVILLE PA 17821-0261	J	Credit Card Purchases				\$ 20,895.20
Account No: <u>517845252389</u> Creditor # : 6 CITI ONE, FSB PO BOX 85147 RICHMOND VA 23276						
Account No: <u>0585780</u> Creditor # : 7 COMPLETE OUTSOURCING SOLUTIONS PO BOX 95455 PALATINE IL 60095-0455						
Account No: <u>0007163394</u> Creditor # : 8 DIRECT TV PO BOX 78627 PHOENIX AZ 85062-8627						
Account No: <u>07140331</u> Creditor # : 9 GEISINGER CLINIC PO BOX 828560 Philadelphia PA 19182-8560						
Account No: <u>59098158105375D</u> Creditor # : 10 NCO FINANCIAL SYSTEMS OF PR Y/O CINGULAR WIRELESS PO BOX 7696 Philadelphia PA 19101	J	Services				\$ 1,638.00
						\$ 181.00

Sheet No. 1 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	24,088.80
Total \$ (Report total also on Summary of Schedules)	

FORM B6F (12/03) West Group, Rochester, NY

In re RAUL MARTINEZ SANCHEZ and SHADI DUCHESNE JIMENEZ / Debtor

Case No. _____

(if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address including Zip Code	C o d e b t o r	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H--Husband W--Wife J--Joint C--Community	C o n t i n g e n t	U n l i q u i d a t e d	D i s p u t e d	Amount of Claim
Account No: 4031141200401500 Creditor # : 11 PROVIDIAN VISA CARD PO BOX 9539 MANCHESTER NH 03108-9538	J	<i>Credit Card Purchases</i>				\$ 2,182.18
Account No: Creditor # : 12 SALLIE MAE PO BOX 419358 KANSAS CITY MO 34141	J	<i>Student Loan</i>				\$ 60,031.89
Account No: Creditor # : 13 SEARS ROEBUCK PO BOX 70148 San Juan PR 00936-9743	J	<i>Credit Card Purchases</i>				\$ 1,039.49
Account No: 2706329 Creditor # : 14 TELEFONICA DE PR PO BOX 71401 San Juan PR 00936-8104	J	<i>Utility Bills</i>				\$ 368.55
Account No: 11561100 Creditor # : 15 TEMPUS FINANCIAL SERVICES SEC 1 PO BOX 31229 TAMPA FL 33631-3229	J	<i>MAINTENANCE.</i>				\$ 559.00
Account No: 						

Sheet No. 2 of 2 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ (Total of this page)	64,181.11
Total \$ (Report total also on Summary of Schedules)	121,945.20

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re **RAUL MARTINEZ SANCHEZ**
and
SHADI DUCHESNE JIMENEZ

Case No.
Chapter **13**

_____/ Debtor

Attorney for Debtor: **RODOLFO HERNANDEZ RAMOS**

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 2 pages,
is true, correct and complete to the best of my knowledge.

Date: 10/7/2005

/s/ RAUL MARTINEZ SANCHEZ

Debtor

/s/ SHADI DUCHESNE JIMENEZ

Joint Debtor

/s/ RODOLFO HERNANDEZ RAMOS

RODOLFO HERNANDEZ RAMOS

Attorney for the debtor(s)

P O BOX 193997

SAN JUAN, PR 00919 0918

RAUL MARTINEZ SANCHEZ
26 LOMAS DEL MAR
VEGA ALTA PR 00692

SHADI DUCHESNE JIMENEZ
26 LOMAS DEL MAR
VEGA ALTA PR 00692

RODOLFO HERNANDEZ RAMOS
P O BOX 193997
SAN JUAN PR 00919 0918

ASSOCIATES FINANCE
PO BOX 782
OWINGS MILL MD 21117-0781

CAPITAL ONE
PO BOX 85184
RICHMOND VA 23285-5184

CITI FINANCIAL
P O BOX 261
DANVILLE PA 17821-0261

CITI FINANCIAL
P O BOX 9018
DES MOINES IA 50368-9018

CITI ONE FSB
PO BOX 85147
RICHMOND VA 23276

COMPLETE OUTSOURCING SOLUTIONS
PO BOX 95455
PALATINE IL 60095-0455

DIRECT TV
PO BOX 78627
PHOENIX AZ 85062-8627

FIRST DEPOSIT SAVINGS BANK
12 EAST BROAD ST
HAZELTON PA 18201-6591

GEISINGER CLINIC
PO BOX 828560
PHILADELPHIA PA 19182-8560

HF MORTGAGE
PO BOX 13988
SAN JUAN PR 00936

NCO FINANCIAL SYSTEMS OF PR
Y/O CINGULAR WIRELESS
PO BOX 7696
PHILADELPHIA PA 19101

PROVIDIAN VISA CARD
PO BOX 9539
MANCHESTER NH 03108-9538

RESORT USA INC
PO BOX 7879
PLAULA PA 19101-7879

SALLIE MAE
PO BOX 419358
KANSAS CITY MO 34141

SEARS ROEBUCK
PO BOX 70148
SAN JUAN PR 00936-9743

TELEFONICA DE PR
PO BOX 71401
SAN JUAN PR 00936-8104

TEMPUS FINANCIAL SERVICES
SEC 1 PO BOX 31229
TAMPA FL 33631-3229